

**Vermont Research Partnership
GA Pilot Evaluation: Phase 1
November 15, 2007**

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INTRODUCTION

Phase 1 of the evaluation of the GA pilots sought to gather preliminary baseline and contextual data, primarily through staff interviews. These interviews of 12 leadership and front line staff at pilot projects include anecdotal evidence of initial program impacts. The interview questions covered pilot components, guiding frameworks, outcomes, external collaboration, recommendations, cost neutrality and cost offsets (See Appendix A). The data gathered have been analyzed for common themes as well as nuances of the three projects. The findings are presented in a narrative framework, highlighting the views of pilot staff and key partners on the costs and benefits of this experimental approach to mitigating homelessness during the initial startup phase of the project.

FINDINGS

The findings illustrate the experiences and perspectives of staff working closely with the pilots in capacities of district or partnering organization leadership, eligibility, housing case management, field service coordination, disability determination, and vocational rehabilitation. In addition, stakeholders in the Agency of Human Services were asked to provide their definition(s) of cost neutrality. The intent in Phase 1 has been to gather varying perspectives on cost neutrality from stakeholders and staff in various roles and vantage points within the system. Eventually, they may lead to a standard against which to measure the success of the pilots at maintaining cost neutrality in later phases of the research. In addition, presenting the diversity of perspectives will enrich future data collection as well as decision-making about future funding for the pilot projects.

Once the interview data was analyzed, it became clear that the overarching theme of the conversations focused on balancing cost neutrality with program effectiveness. Hence, the findings are organized within a conceptual framework of costs and benefits, as follows:

- Costs and Benefits of the General Assistance (GA) Housing Pilot Programs
 - *Legislated goals of the pilots*
 - *How stakeholder interpret the legislative intent of cost neutrality*
 - *How site staff balance cost neutrality with program effectiveness*
- The Cost Neutrality Equation: Hidden and Anticipated Costs and Savings over Time
 - *Where traditional GA falls short*
 - *Where the GA pilots are investing monetary and non-monetary resources*
 - *What staff project as the return on these investments*
- Recommendations for Tracking Outcomes and Cost Offsets of the Pilots
- Cautions, Ongoing Challenges and Suggestions
- Conclusion

Costs and Benefits of the General Assistance (GA) Housing Pilot Programs

Legislated goals of the pilots: According to Sec. 137a. General Assistance Housing Benefits; Flexibility Pilot Program:

The purpose of the pilot program is to mitigate poverty and serve applicants more effectively than currently served with the same amount of general assistance funds....It may grant exceptions to this program's eligibility rules, and may create programs and services as alternatives to these rules during the period of the pilot program...

This statement, from the legislation that authorized the Agency of Human Services to implement the GA Pilot programs for a three year period, sums up the essence of the cost/benefit theme. The pilots should be effective and frugal. However, the phrase, "the same amount of general assistance funds," needs interpretation due to the complexity of funding arrangements that make the pilot programs possible. This complexity will be discussed later in the section on the cost neutrality equation. The intent of this Phase 1 evaluation included gathering these interpretations of cost neutrality, initially from Agency stakeholders, and then from pilot staff.

How do stakeholders interpret the legislative intent of cost neutrality?

Key stakeholders in the Agency of Human Services were asked to provide a definition of cost neutrality. One stakeholder provided the following interpretation:

What does cost neutral mean for the GA pilots? If the average cost for providing a service before the pilot was X than the new average cost can be the same or less. This assumes only GA/EA funds are being compared and counted. I would look at average costs instead of individual costs. For example, if ESD puts 20 families in motels for a month at a GA/EA average cost per family of \$2,400, the pilot should not cost more per family on average. Some families go into more expensive motels, some stay for less than a month. Some stay a few days, others stay a month.

Another way of looking at it would be to say that the average length of time in supported housing before the pilot was X and after the pilot the average went down to Y. The problem with this approach is that the amount of money applied to services may have been substantially more in a shorter period of time. For this type of comparison you would need to look at average cost per day to see if there was a difference.

Another stakeholder offered "*some possible conceptualizations of cost neutrality in the GA pilots*" as follows:

A pilot project could be considered cost neutral if a district with a pilot project

1. Spends no more on GA this year than last year, or
2. Has an aggregate or per household GA cost that falls within some range of the historic district or state-wide aggregate or per household GA cost, or

3. Has an aggregate cost for GA recipients that received GA services under the process/practice/rule changes of the pilot that is equivalent to what the aggregate cost for those services would have been absent the pilot.

Number one is the simplest definition. It does not distinguish between GA recipients receiving traditional GA services and those receiving services under the process/practice/rule changes of the pilot. Nor does it ask if either this year or last year were abnormal years for GA needs. Nor does it consider whether or not non-GA funds were used to provide services for GA clients. Nor does it consider whether or not all GA needs could be addressed. It simply defines cost neutrality as whether or not a district spent more GA money this year than last year.

Number two acknowledges that GA needs change from year to year and thus the funds needed for GA also change. Since either the previous year or this year might have been abnormal for GA needs and costs, the baseline used in this definition is some kind of standardized GA expenditure. The standardization could be either by district or state-wide. It could be based on either aggregate or per household expenditures. Like the first definition, it does not distinguish between GA recipients receiving traditional GA services and those receiving services under the process/practice/rule changes of the pilot. Nor it does not consider whether or not non-GA funds were used to provide services for GA clients. Nor does it consider whether or not all GA needs could be addressed. This definition is more complex than the first but probably provides a fairer definition.

Number three focuses only on GA clients that have received GA services under the process/practice/rule changes of the pilot. It requires computing the aggregate amount of GA funds expended for these clients. It further requires computing, based on historical data, what is the aggregate amount of GA funds that would have been expended if these clients had been treated in the traditional manner. If the GA funds expended for pilot services for these clients are no more than the funds that would have been expended if there had been no pilot, we conclude that the pilot was cost neutral. This is the most complex of the three definitions but probably the best test of cost neutrality.

How do site staff balance cost neutrality with program effectiveness?

The following quotes from each site capture the continuous attention to the cost/benefit equation:

“The Morrisville Pilot has been cautious with exceptions because of cost neutrality. They grant exceptions in cases where it is clear that without it, they would spend even more money anyway.” –Staff in Morrisville Pilot

“So it allows us some flexibility in GA to make some common sense decisions and to always keep the cost in mind....there are just some restrictions within the current rules that weren’t cost effective and it was disrupting to families.” – Staff in Springfield Pilot

“We’ve made a concerted effort that our funds will go towards stable housing, permanent housing, renting an apartment, not staying in a motel, get the best use out of the money that we have, the biggest bang for your buck.” - Staff in St Albans Pilot

Staff in St Albans, who had not yet officially started their pilot at interview time, but who had already been working collaboratively to address housing issues in the community, discussed what was sometimes minimal cost, used in a common sense way with an eye toward the larger picture, which prevented greater problems from developing. One person explained, “ We’re talking about \$10 a day or whatever it was to keep this person in his own home for this period of time. It’s a far better investment than some of the other things that were being considered. For somebody to take the time to look at it in its entirety and do the math, that’s where I think the cost neutrality, cost savings reality is.”

Staff in Morrisville outlined key considerations in the cost/benefit ratio of the GA pilots, for example, one person cited the biggest one being “people who without the intervention would never get off GA.” In addition, “people who needed to be moved to a different place in their life but wouldn’t ordinarily do it otherwise as methodically or purposefully. Those are people who, maybe they wouldn’t have been on GA for more than three years but they needed more than just a paltry check of \$198 a month.”

A key community partner in St Albans articulated realistic expectations for what the GA Pilot could expect to accomplish in light of an increase in difficult homelessness cases: “Do I think that we’re going to be able to meet the needs of everyone that comes in? No. I don’t expect to. Do I hope that we can more comprehensively and with a longer period of stability meet the needs of some of the folks that are coming in that we haven’t been able to using traditional means? Yes.

Staff discussed four key ways they balance cost neutrality with their efforts to mitigate homelessness through the GA pilot programs.

- Rule Exceptions that Save Money and Increase Effectiveness
- Flexibility to Address Real Needs with Long Term Solutions while Saving Money
- Client Financial Contribution and Reimbursement
- Replacing Costly Hotel Stays with Transitional Housing Opportunities

▪ ***Rule Exceptions that Save Money and Increase Effectiveness:*** Essentially, each pilot grants exceptions, as it makes sense to, on a case by case basis and extends eligibility to those who are willing to become an equally responsible partner in improving their housing situation. A Springfield staff member spoke highly of the cost effectiveness of having the flexibility to make rule exceptions: “My hope is that the department will go this way and run GA like this, because I think it’s a better way....We’re not allowed to pay back bills on electric, but if that back bill expense was more cost effective and if we got them into a budget plan and people working with them around their electric bill, it’s cheaper to keep them in that apartment then have to have somebody move to another place. Not just money cheaper, but their whole life! When you have to pick up and move, it’s just so disrupting.”

In Morrisville, seed money created a full time service coordinator position. The person in this position develops supportive case management relationships with clientele, and asks, “How can we work with you?” This person depends on a team of staff who identify potential pilot participants and refer them to the service coordinator. One indicator in identifying participants is the likelihood that they will become a “long term GA user.” However, the rules are flexible enough that a client who is at risk of losing housing can also be referred to the service coordinator for assistance, which can often prevent a more serious and costly housing problem. This is where “back rent” help might be appropriate. Clients might also be encouraged to attend a money management course.

St. Albans pilot staff discussed their plan to allow exceptions by broadening the definition of a catastrophic situation as outlined in traditional GA rules. The current definition includes homelessness or risk of homelessness due to natural disaster or due to court ordered eviction through no fault of the tenant. The old definition leads to many denials for people who are remaining stuck in a homeless situation and are repeatedly applying for traditional GA assistance. “There’s a part of our population that we see in housing crises repeatedly and that’s the population that we’re hoping to serve. Either they’re in a housing crisis now, and we’ve seen the history of them either homeless or at risk of being homeless in the past, or what we assess now is that this family has challenges in place that we assess will make it difficult for them to maintain housing or get into permanent housing. So that’s where the transitional apartment and the housing specialist come in. The supportive housing model is brand new.”

St. Albans staff also plan to make exceptions to the populations they serve. They plan to include young individuals and couples and well as inmates released to the community. Essentially they plan to “allow an exception if the family is willing to participate in the supportive housing program and have case management and develop a plan....As long as they agree to participate in the plan, then we could find them eligible and help them get into permanent housing or the transitional apartment. Safety will always be a consideration in placement.

▪ ***Flexibility to Address Real Needs with Long Term Solutions while Saving Money:*** According to the staff, the exceptions allow flexibility for addressing real needs and mitigating problems that could exacerbate without creative options. In Morrisville, this made it possible to provide a permanent housing solution instead of a temporary hotel accommodation that would have cost twice as much to house a family (who had suddenly become homeless due to a natural disaster) in a hotel for the maximum of 84 days. The hotel situation was inadequate for the family who wanted to be able to cook their own food and send their children to school in their own town. Hence they declined the hotel and then also declined an offer of a rental apartment in another town. Normally they would not have been eligible anymore because they refused services. They were a hard working family hit by a disaster. With the pilot’s flexibility to “do the right thing” they were given a check toward repairing their own home, a more permanent housing solution.

In another Morrisville case, the GA pilot made it possible to grant an exception to pay for a few nights in a hotel to bridge a client’s stay between two substance abuse treatment centers. This provided a healthier alternative to going back to his old home and friends (many who were substance users). He was able to avoid exposure to habitual smells and sights during a period where he was still very vulnerable to using.

Springfield staff discussed an exception that allowed a woman in temporary housing, which is usually capped at three months, to stay an extra month because she had an offer for permanent housing that would be available on a specific date. In the words of the staff person: “You’re not going to drop somebody for 30 days. That’s a difference, too, of how GA is run.”

▪ ***Client Financial Contribution and Reimbursement:*** Springfield and Morrisville pilots built reciprocity into their programs. St. Albans saw the value of the approach and were beginning to think of ways they might feasibly incorporate this into their program. In Springfield, GA pilot participants are required to save 75% of their income and put it toward housing (50% toward temporary housing rent and 25% additional into an escrow account matched by OEO up to the amount needed for a security deposit). This compares to 80% toward housing from people receiving Reach Up grants. Case managers also negotiate affordable rents for the GA pilot participants.

Morrisville instituted the Landlord Insurance Fund for Tenants (LIFT) which began with money raised by the district. The fund started independently of the GA Pilot but is now a resource to the pilot participants. The LIFT fund is used to help clients pay security deposits that they themselves cannot afford as an up front cost of finding more permanent housing. However, it contains a reciprocal agreement with the client that the money will be paid back to the fund when the client is able. This includes an agreement to allow the client’s state tax refund to be automatically collected by Community Action and deposited into the fund. The fund made over 30 loans in the past year and the service coordinator accessed this resource with a couple of GA Pilot clients. That fund will be sustainable. Many recipients have been the working poor – some a few paychecks away from being on GA program. Staff are thinking of modifying the fund to include back rent with a condition being that clients take a money management course.

▪ ***Replacing Costly Hotel Stays with Transitional Housing Opportunities:*** One of the traditional expenses of the GA program included costly hotel stays (often \$90 per night up to 84 nights). The Morrisville proposal involved using some GA money that was traditionally spent on hotels, and matching it with other funding to hire a case manager and to build transitional apartments. Simultaneously with the Pilot, but independent of it, the Morrisville District Office has been rehabilitating a dilapidated house to use as transitional housing (Hannah’s House). It is currently on hold as neighbors are appealing its zoning in Environmental Court. For the record, Lamoille County does not have any emergency shelters.

The Springfield GA pilot program offers four apartments as temporary housing for people who agree to participate in case management. Clients sign a contract that outlines their responsibilities as participants in the program. They receive support and one on one training from a case manager for three months. In the process they learn how to be responsible tenants and are encouraged to continue onto the permanent supported housing program. Springfield’s transitional housing involves an arrangement with the Family Center who serves as the official tenant. Clients pay a portion of their income as rent to the Family Center. The Springfield pilot paid the initial security deposits for these apartments.

St. Albans staff are in the process of locating transitional apartments for their GA pilot participants. They currently utilize the local shelters, including the Samaritan House and a

Shelter for domestic violence (DV) victims. They pay for the DV shelter which opened a few years ago. Samaritan House has been in existence for many years and is funded by a blend of HUD, federal and state funds, grants, and donations.

The Cost Neutrality Equation: Hidden and Anticipated Costs and Savings Over Time

From interviews and a review of the literature, it is apparent that people who find themselves homeless or at risk of homelessness (before entry in the GA pilot) are likely to be housed in one or more of the following locations: homes of friends and family, prison and corrections institutions, hospitals and emergency clinics, campgrounds (seasonally), foster homes, volatile landlord/tenant situations, shelters, hotels (through the traditional GA program), inadequate dwellings, or on the street. Hence, it could be concluded that people who are denied GA funds under the traditional rules, will likely find themselves in one of these places. In other words, denials often continue to cost public money somewhere, whether it is in correctional institutions or the local emergency room (ER).

In light of this reality, one staff person reflected on the need for a broad view of cost neutrality, beyond the notion that “we can’t make this program cost more to GA than had we not done it.” The staff person posed this scenario: “If it costs GA another ten, twenty, or \$30,000 but saves Family Services substitute care \$100,000, shouldn’t we have that discussion about budget neutrality?” Morrisville staff cited a case whereby the case manager’s intervention clearly stalled family services from taking two children into custody for six months, saving the state \$30,000. Another hidden cost raised for consideration involves people without health insurance who sought outpatient medical attention on a regular basis and “racked up a bill at the local hospital and clinics.” According to one staff member who assessed client medical records, “Sometime three times a month, people are seen in ER. That’s outrageously expensive.” She continued, “In the small number of records I pulled, the people I was working with were heavy ER users because they didn’t have a primary care physician (PCP). You dial 911 and the ambulance comes to get you, instead of having no transportation, no means to have anybody help you get a ride.”

St. Albans staff echoed a similar thought: “We have to look beyond the savings in GA. If we work with somebody who comes out of the correctional facility and we help them get into an apartment and it has cost us, say \$1500. but they’re able to not be reincarcerated, what’s the savings with the Correctional System? How much does it cost per day for somebody to be there? Say they broke their probation so that they would be in there for 30 days. So 30 days times how much a day would be a savings if we prevent the kids from going into family services custody and therefore not into foster care. How much is the savings? I think we have to look at it much more broadly.”

On the other hand, spending might increase due to the interventions as well. According to one staff person, “Are there seven more people getting SSI (social security disability) who wouldn’t have? And SSI is \$600 and change a month... Yet, everybody would agree that’s a good thing they got SSI... They were entitled and eligible for it, but that’s a cost, in that case it’s mostly a federal cost. Take that to the next step, though. They are now getting food stamps and they weren’t [before]. They’re now getting the Section 8 or Shelter Plus Care subsidy and they

weren't [before]. And you subtract [GA assistance] from it and the net could be an increase. But their situation, everybody would agree, is entirely different..."

The cost neutrality equation is further complicated by the fact that GA funds are usually only a portion of the pilot's budget. They have become quite creative in "patching" together funding from a variety of sources to pay for case management. Pilot staff in each district patched together various funding sources to make the case management and in some cases also the transitional housing possible. (The Morrisville district has historically spent more on hotels for temporary housing since it does not have shelters.) Staff were clear that GA funds are designed for housing benefits and cannot pay for case management. So, case management dollars must be paid from other budgets that allow for personnel costs. St. Albans staff hope to maintain and expand the pilot project and have applied for a few small grants that would allow them to rent additional apartments. The Morrisville pilot saved money from approximately six clients who are no longer needing GA assistance. They consider this a cost savings that offsets other spending for exceptions that help people find permanent housing solutions. One staff member said, "I think when we're done, people will say, that was smart – a smart use of the money."

Pilot staff have been quite cognizant of the need to keep costs neutral and to spend within their allotted limits. Some explained that their allotment was based on prior year spending on temporary housing which was sometimes in the neighborhood of \$6000 or \$7000. In the Springfield district, this is approximately 10% of the budget for the pilot project. So the question of cost neutrality there becomes limited to that 10% of the cost of running the pilot. Staff in the Springfield District concurred, "There's a very small contribution coming from GA because remarkably in our community we had not spent a whole lot of money on temporary housing in the past... We were denying a lot of people help. I knew that families were in turmoil and kids were not living in an environment you'd want your kids to live in."

Where traditional GA falls short

A St. Albans staff person described the focus of traditional GA assistance in the following way:

"GA provides financial assistance to individuals, couples, families who are considered in emergency. It's an emergency needs program. The large component of GA is for housing assistance, and there's temporary housing, permanent housing, EA [emergency assistance] back rent and back mortgage. We can help with ongoing rent and room and board for people who are eligible, but that's it. People come in, they're eligible or they're not eligible. If they're eligible we issue a check for housing. It's usually to a motel if it's temporary housing or to a landlord and they leave the office on their merry way and what happens after that, unless they come back in the office at some point in the future, we don't know."

This helps many people with temporary difficulties such as getting behind on rent, or being evicted because the landlord decided that they wanted to convert the apartment building back to a single family home. However, for others with chronic homelessness patterns, traditional GA falls short. "When we're providing the financial assistance without the case mgt, without helping the family figure out what caused the homelessness or the riff, what behaviors, that we're basically setting them up for failure.... There are times when we know from the pattern that has

been established...they may come in and meet the rules and be eligible but we know that it's risky and setting people up for failure."

How are the GA Pilots investing monetary and non-monetary resources?

GA Housing assistance usually includes General Assistance (including costly hotel stays) and Emergency Assistance (EA back rent for example). In the pilots, GA funds are augmented by other housing assistance funds and organizations. As a matter of fact, the investments extend beyond the total pilot budget, helping clients, if eligible, access social security and social security disability benefits. The pilots represent an investment in five areas, involving resources not limited to GA funding or even to monetary resources:

- Health Services and Disability Benefits
- Collaborative Problem Solving
- Client Capacity
- Case Management
- Temporary and Supported Housing Programs

One cost saving measure that each pilot emphasizes is "always to preserve housing if appropriate or affordable." Flexibility in rules allows them to work with people who are at risk of homelessness before things progress to a more critical stage. In addition, matching clients with the appropriate type of housing and services is seen as important. St. Albans staff discussed a continuum of care that matches housing solution with presenting need: "Looking at this as a part of a continuum is really important to us, because there are going to be some folks who are much more appropriate to shelter placement...There are some folks who are going to be much better candidates for the particular types of services that CRT offers...If anything it's meant to be complementary."

An eligibility worker in Springfield summed up the breadth of the what the GA pilots (as part of a continuum of housing services) have to offer the problem of homelessness: "I honestly think that, even though we've got some kinks to work out still, that the GA Pilot is probably a much more feasible program as far as housing goes, rather than throwing money out for room rent and throwing money out for rental of apartments, this way we get people at least on track to getting their own place, rather than putting them up in a hotel or renting from Mom and Dad. And I know it's temporary, but with the case managers support, and the support of this office and the other things that are available in the community, such as Section 8 and supportive housing...I really think it's headed in the right direction for getting more people to be able to get their own place and live on their own."

• ***Health Services and Disability Benefits:*** In the short run, the initial investment in the GA pilot may increase money spent (in non-GA budgets, such as federally funded Medicaid) on services such as medical care including mental health. It may shift costs out of GA assistance into SSI and SSDI (social security and social security disability income). However, according to staff in the pilot projects, a person on SSI who is able to retrain for job skills may eventually be able to work and either supplement SSI and become a taxpayer, or get off SSI completely, as

some have done. This section includes some success stories that illustrate how this works. As one staff person in Morrisville articulated:

“Clients with underlying disabilities that may qualify them for social security disability are given assistance with completing the complex application for SSI and SSDI. If they are approved, they receive \$675 per month and are categorically qualify for Medicaid, which includes transportation to medical appointments. This often makes all the difference in a client being able to sustain a stable residence in a subsidized apartment, obtain less costly medical services...This can save many dollars in hotel stays, frequent moves, and the use of the emergency room as doctor and the 911 ambulance as transportation in the absence of Medicaid and a Primary Care Physician. Traditional GA assistance of \$56 per month for personal items, and \$198 per month for room and board could not begin to mitigate poverty for many.”

A Springfield staff member echoed the need for these services in addressing homelessness:

“The other thing that’s happening more than ever – and this I think is true around the state – is really pushing people to apply for SSI. We had a lot of people who could have gotten SSI but they didn’t apply. I had one family...for nine years they were trying to get SSI, but they couldn’t do all the steps because both of them were just too mentally ill to do it. And so finally, literally, the worker and I went to their home on a mountain with no electricity, where it said ‘travel at your own risk.’ With the sheriff we went up there and we got the forms done - because they needed SSI.”

A staff member with vocational rehabilitation and social security disability determination expertise also emphasized the importance of assisting people to obtain these needed benefits.

In this pilot, when they were talking about doing different things with GA, one of the things that peaked my interest was these folks who were what I call chronic users of the GA system, where just over and over and over and over...and I can remember hearing one day walking up the hall one of the benefit program specialists saying to someone, ‘Have you applied for social security?’ and the guy said, ‘Yeah, I’ve applied like three times and they keep telling me, no.’ And knowing what I know about the social security application process, I’m just thinking, boy this poor guy, he’s got to be completely lost in that maze, I mean, your average person off the street, especially someone with disabilities and someone with the issues that our GA folks are facing, they’re not equipped to be able to navigate that maze on their own.

Success Stories: A staff member described a client who had made two suicide attempts and yet, did not believe in psychological problems. He had never gone for therapy nor had a psychological assessment. His care was all being handled through his primary care physician. The GA Pilot made it possible for staff “to advocate with him and on his behalf.” They were able to help him access ongoing mental health treatment with his primary care physician’s support and encouragement, who had been trying to motivate him to get this care for years. The man was assessed for psychological challenges and not only received needed mental health services, but also then qualified for SSI.

The pilot provides a vehicle to helping people access treatments and programs that they had either been resistant to, unaware of, or unable to access.

“We were also able to hook a lot of people up with community partners, outside agencies, that they didn’t even know about. I found that this population knows very little about what’s available out there for community resources....The GA folks were some of the most isolated folks that I’ve ever worked with.”

Another client had told the staff person he was sure he had a learning disability or that he was “too dumb to finish high school.” He had had a major accident and was going to be out of commission for a long period of time. He also developed some medical complications in the hospital and was going to need additional surgery. As a young person, SSI did not seem to be adequate. The staff tested him for learning disabilities and found he merely lacked education rather than learning ability. Then, with support of the staff team, he was able to access education at home and develop a plan for future employment. This was a person who had never heard of vocational rehabilitation and had believed he would never be able to work again after his accident. He had no sense of being capable of any other kind of work and no sense of choice about career options.

According to the staff member, “He had never heard of VR, he had no idea of the services we could offer. He had only one career and now figured, ‘I’ll never be able to be anything else, and now I smashed my legs to the point where I can never do anything.’ So just to have him be able to think about, ‘I can do something different, and I get to choose what it is’ was very, very empowering for him. But he had no idea about the services, none whatsoever. Also, he and his partner had some huge housing issues, so we were able to hook him up with CVCAC and the housing program, and they were very helpful in helping them get services.”

The staff person concluded the story with this:

If there had been no intervention from the GA Pilot, he would have just been what we called a chronic GA user coming in every month, because he had the medical condition and disabilities that made him eligible for GA. So every month he would have gotten his GA and they would have said, ‘Are you applying for social security by the way?’ and he would have said, ‘Yup,’ and then he’d of said, ‘Wow, I’ve been in the hospital too much to apply,’ or ‘I’m too dumb to apply,’ or ‘Yup, Yup, Yup, I’ll call them.’ Then people’s applications would just die in the water because they wouldn’t return the paperwork in a timely way. So, because of the intervention with the GA pilot, he was able to apply for SSI and get it done in a timely way, access housing resources because he had been evicted, and access educational resources, and access vocational counseling services and vocational planning services....He had no plans whatsoever for what he was going to do when he felt better. He was just thinking he was at a dead end. He would have just been a chronic GA user for who knows how long.

This staff person contrasted the difference between traditional GA and the pilot’s approach to solving problems and how vocational rehabilitation can help with social security disability determination. As a VR staff member, she is able to ask, ‘Are their basic needs being met, are

their psychosocial needs being met? And what about their vocational needs?’ She explained, “That never gets talked about at the [traditional] GA eligibility level. When you’re coming in every month, there’s never a conversation about, ‘What are you going to do five years from now? - because you can’t live on GA forever.’ Future planning has been a nice offshoot of the project.” She continued:

For the traditional GA, it was basically just a question every month, ‘Are you applying for social security? Yes I have.’ There’s really no mechanism to check out where someone is in the process or help someone through the process. There’s nothing that’s built in and it’s a capacity issue. Our BPS’s [Benefit Program Specialists] are far too busy to be checking out where people are in the Social security process and they don’t have the training to work in that area, they don’t have the time to work in that area. So for us, we were able to, if someone was already in the social security process, we were able to intervene. We have an ongoing relationship with disability determination services, and we also have an ongoing relationship with social security because of two projects that we’re already doing so we really were not recreating the wheel, we were just working with a different population here.

The staff member explained that VR had offered this service to Reach Up clients for six years and they had recently expanded to the DOC, where they work inmates three months prior to release. “We thought we could divert them from the GA rolls and hopefully effect the recidivism rate in a good way by helping them to get social security benefits before they come out of the prisons. It’s too early to tell if we’re having any impact in terms of recidivism, but I think that we’re saving a lot of GA funds up front, so to speak.” The benefit helps them apply for housing and other services.

- ***Collaborative Problem Solving:*** Another investment involves human resources, both in terms of how staff approach the problem of eligibility for housing benefits and how they collaborate with partners inside and outside of the agency to find housing solutions. In each case there is an expansion of outreach and a greater demand for creative problem solving. These translate into investments of time and training, not necessarily dollar figures. The pilots involve start up costs that have not always been figured into the budgets of time and money.

As a Springfield administrator explained: “This is a lot harder program for the staff to do. They’re used to, ‘here’s the rule, here’s the two exceptions, here’s what I can do under these circumstances, make a referral.’ That’s the kind of work they’ve done forever. This is tough. It’s tougher to do because it isn’t cut and dry, black and white, you’re eligible or not. We’re helping people and we’re helping them to what their needs are within the context of the program...which means a lot of communication with another entity that’s not in your office.” In St. Albans and Springfield, local stakeholders meet regularly to discuss greater housing issues in the district. One outcome of this collaboration is funding and in kind donations from local partners that supports the GA pilot.

A staff member in Morrisville commented, “We’re scratching more than the service. We’re digging down and looking at some of the roots of some of the problems. At typical GA, it’s kind of a ‘wham, bam, here’s your GA, see you next month’....The benefits specialists...really care and their level of frustration around not being able to do more for people, it’s palpable. But they

just simply do not have the time. Their caseloads are astronomical.” In St. Albans, a community partner emphasized the investment of time as well. “Working with somebody, understanding how they got into a situation, how they’re not going to get into it again, what the long term effect of the money that we’re spending is, or as long term as you can see, takes some time. You have to give yourself the time.”

Coordination of services through case management and teamwork makes it possible for clients with varying needs and circumstances to be routed to the appropriate people and programs within the community (such as Vocational Rehabilitation, Reach Up, or the GA Pilot). The guiding framework, “break the cycle of poverty and intervene on the long term” calls for the ability to handle more subjective cases that need coordinated case management. The pilot’s deeper approach to solving housing problems has brought together people with diverse skills and perspectives. According to one person with VR expertise, “This pilot, from my perspective, really brought together the people who work in GA day in and day out, the people who work in VR day in and day out. We really...met only barely and one didn’t understand the other’s programs in any way, shape or form. But through this collaboration, we’ve been able to really build some bridges that have gone on beyond this pilot project - where we will actually get up from our desks and go see somebody and ask a question, or people will come and see us. In my mind, another successful outcome of this is that we built better working relationships, which ultimately wind up playing out in better services to clients.”

A case manager in Morrisville discussed the impact of community collaboration: “This community is very collaborative and there’s a consulting component to my job as well, where any agency can call me up and say, ‘This is what I have, what do you have? Where do I go? Who do I talk to? What’s out there?’ And sometimes, it’s just one or two phone calls and the issue is resolved and we’re not in a crisis situation.” The case manager also receives calls from clients for advice and assistance. “I have people calling me directly, saying this is where I’m at, I’m getting out of Maple Leaf, help me, where do I go?” She helps them set up plans, reviews a checklist of items to consider, makes referrals, and provides encouragement. The collaboration also links people to services they might not have known of otherwise. As another staff person pointed out, “Anyone of these folks could have come in off of the street and apply for VR services, but they didn’t know it was even there, for starters.”

Staff in St. Albans also discussed the element of stretching beyond comfort zones to solve challenging housing issues. A key partner commented, “We’ve all been pushed to grow beyond our ‘comfortable boxes’ in terms of the services we provide, and I think the reason we have comfortable boxes is because...the need is so great that you had to put some fairly strict parameters, sometimes, on what you do.” A colleague added, “You have to be as creative as you can and that’s what this GA Housing Pilot Project is all about. So, even though we’ve all already started taking steps outside of our boxes and taking that risk of working together...I think we’re going to be challenged even more when [the case manager]...sits down with folks and starts working with them and then comes back to the group possibly and says...‘I really need NCSS to be able to work with this person or I really need Community Action to be able to sit down and offer this service.’ They may be asking us to do things that we’re not used to doing but in the context of the individual client it may make sense for us to say, ‘let’s take a step outside of our

box.’ A staff member in Morrisville reflected on what has been gained through this process: “I think we’ve become more compassionate.”

One staff person discussed the shift to a more global perspective of housing problems: “It isn’t just about the particular resource, i.e. the pilot or the flexible funding or whatever, but what the community as a whole is doing to take a different approach to people who are in potential housing crisis. Understanding that and looking at it in that more global way is a huge shift for us. It’s different from what we’ve done in the past.” A couple of staff hope for still “much larger system change” in order to get to “a richer level of integration” of programs.

- **Client Capacity:** A major investment goes into the population served through the GA Pilot. While the three pilots have their unique aspects, they share one common approach. They offer clientele (those experiencing homelessness or those at risk of homelessness) a supportive relationship in which to explore issues connected with their situation, and in which to connect with resources and services in their community that will help them stabilize their housing situation. Each pilot considers solving a client’s housing problem a shared responsibility between the client and a housing case manager (a.k.a. “service coordinator” in Morrisville). The Springfield pilot, for instance, makes this explicit through a contract that outlines the respective responsibilities of client and case manager. This contract separates the willing from the non-willing clientele. Some people screen themselves out and choose not to comply with the contract responsibilities. In Springfield, 11 out of 42 (26%) clients since the start of the program declined to participate once they learned what was required of them.

The following quotes illustrate this investment in the client’s capacity to be a responsible tenant:

“These guys didn’t get to be homeless, you know, because there’s not major issues in their lives. Yeah, we are asking them to make big changes... When I go through that program description, I’m real clear with people that we’re looking for people who are motivated. We also tell them, look, to be successful in the program you just need to be a good tenant. Anything else that you accomplish is great.” – Housing Case Manager (Springfield Pilot)

“We still have guidelines, but it is a behavior guideline....As long as you cooperate with us and you are explained what is a good decision and you follow that mode to the best of your ability...yeah, we’re gonna help you.” – Springfield Pilot Staff

“There’s competition for good housing...so our pilot tries to make these folks we’re working with competitive with other tenants. Clean, pay rent on time, good communication with landlord, no illegal activities...” – Springfield Pilot Staff

“I don’t do it for them. I hold them to task and they know I hold them to task. They comply and they know that I will work as hard as they will work. And so far the relationship’s been fairly good, we’ve had some pretty good successes.” – Service Coordinator (Morrisville Pilot)

“And at some point they’re actually paying back into the system because they’re returning to work... We give them the potential to become taxpayers again.” – Morrisville Pilot Staff

“Right now we’re serving as least four times as many people as we would have served.”
– Springfield Pilot Staff

Without the investment in client capacity, the following scenario, described by a staff person in Morrisville, is sadly more likely to occur:

We had people who had been living in this shack, with amazing medical needs. It was a couple and they hadn’t had power for months because they couldn’t afford it. They had no idea about the pot of money at CVCAC to help out with the light bills. They had no idea about the housing assistance that they could offer. They had no idea about specific things that they could ask their physicians about, that even they could ask for a referral to a specific specialist or anything like that. It was amazing to me and these were folks in their early 50’s. They’d been out in the world. It was really sad to me....There is a whole segment of the community that has no idea what is out there for them.

- **Case Management:** Each of the pilots considers case management one of the necessary components of their programs. Case managers bring specialized knowledge, experience and skills to their caseloads of individuals and families. They provide their clients with an appropriate amount of expectations, encouragement and boundaries. As they work together with clients to solve housing problems, they provide a stable, trustworthy relationship. Each of these will be discussed in this section on case management.

Caseload: The service coordinator works with a caseload of approximately 15 clients at a time. The St. Albans pilot staff were in the midst of interviews for a case manager position when our research team met with them. They also intend to limit their caseload to 15 clients. Springfield estimated their caseload at 12 - 15 and had served over 40 by the time of the interview.

Knowledge, Experience and Skill: It became apparent from the interviews that case management requires a special skill set along with solid experience and knowledge. According to a staff person in Morrisville, “It comes down to a very knowledgeable and skilled service coordinator. There is to my knowledge no curriculum to how to be a service coordinator....that core capacity in a community is a very good thing to have. The housing case manager in Springfield shared the conviction that experienced and effective case management is essential to helping this population get and stay housed. “This I know: These guys that get sent to us, probably wouldn’t get housed without our help or wouldn’t stay housed without our help. We’ve got a saying and that’s housing is only 50% or less of the battle, keeping them housed is easily as difficult.” He added, “To do a program like this, if you don’t have the right staffing you’re just dead. I don’t care how much housing you have, it’s not going to work if you don’t have the right staff people. It’s gonna bomb.”

What does case management entail? In Morrisville, the case manager said, “It’s a holistic approach.” She detailed its many facets: “I’m writing living wills, we’re going to court for eviction, I just got back from a bankruptcy hearing, I take them to doctor’s appointments.” A colleague interjected, “You convince them that they need to go.” The case manager continued with a list of ways clients are assisted, from medical, psychological, and dental care appointments for themselves and their families, to helping them move, which includes recruiting

local volunteers such as the VFW. She also helps them get vouchers for second hand clothing, and vouchers from the family center so they can buy house cleaning products.

The case manager helps clients obtain Shelter Plus Care certificates, negotiates with the landlords, and sets up funding paybacks through the LIFT accounts and other payments to Community Action. "I've taken people to residential treatment programs, I've gone for residential treatment meetings down in Bradford, been down to the prisons, and Maple Leaf." She added, "I don't have that silo that I need to stay in, I can go wherever the services are or whatever the consumer identifies as their needs." The case manager in Morrisville continued, "If there's mandated family services things that they need to complete or comply with, we work on how can we do that. What's your probation and parole? What's your furlough officer? Have you had your UA? Are you clean today? Have you gone to your methadone treatment? Are you using your 'bupe' the right way? All that is lead by their goals and the relationship you build, so there isn't a boundary." In the end, "Some people come and do volunteer work because they are so grateful for what services they've had."

Expectations, Encouragement, and Boundaries: The housing case manager in Springfield emphasized the two pronged approach of encouraging clients and setting clear boundaries. "What we do, we do really well because we've done it for so long. We've got a lot of experience. We're like good parents. We nurture people but we set limits on them. So we expect our participants to be responsible and good tenants and to pursue their goals. We come in with a positive attitude always, but if we need to set limits and lay down consequences and even occasionally lay the hammer down, we do. People know that, we're clear and above board with them right from the get go."

Working Together with Clients to Solve Housing Problems: Pilot staff discussed their beliefs about effective interventions with the population served. All agreed that many people in this chronic homelessness situation "can't do it alone" and that case management working in conjunction with collaboration of colleagues and agencies are most effective. "Let's face it, if you have chronic GA use and homelessness, something isn't working,...and this population is so isolated." She continued, "My bottom belief is that we're not doing to people but we're doing with people." A colleague discussed his understanding of solutions to homelessness:

This is not rocket science....You need income to sustain a house or shelter. And if there's no income, you have to go out and try to find the income, either through work or a subsidy program...Usually the folks can't work at this point, so they need some type of a subsidy. Only way we can get them the subsidy - because the Section 8 Housing is so limited - we try to get them that subsidy through SSI - that's the regular income. But it's the same thing that we sustain our own housing with, we sustain it with income. And so the answer to the homelessness is helping a person get to the point where they can A, hold a job, or B, get structured or public assistance that will allow them to pay for the housing, and they need the case management to make both of those happen. It's not much more complicated than that in my mind.

Folks lack the ability to do that, so we substitute it....If they can't do either of those two - get the job or get the subsidized income for the housing - then what you or I would do would be

to rely on relationships who would help us with temporary housing - and many of these folks don't have or have destroyed those kind of relationships that they could fall back on, because they're isolated and may not have a family. On the other hand, certainly in the younger population, it's not GA, but there's a whole cadre of 'couch surfers' who have friends that they can use. These folks sometimes don't have the ability to sustain positive relationships in the way we might...It's very hard, their social skills are such that they can't deal with disagreements in an acceptable sort of way that we might."

Providing a Stable, Trustworthy Relationship: An eligibility staff member shared her view: "Well the whole point is, to improve their life...and that to me means their health. If you continue to come in here every month without any case management piece to go along with that, their health does not improve, it gets worse, their depression gets worse, and it's up and down and up and down" She added, "There's some stability with the case management piece for them. We're not the stability part for them, we only issue the money. That piece [case management] is their stability. It moves them forward to doing what they can to a better life and that's the whole point."

Another colleague discussed case management as support, empowerment, and developing trust: "It's nice for them to know they have one person they can call about anything, no matter what it is, or if they don't quite understand what is happening at ES, the paperwork, or they don't understand whatever paperwork they get from SSI, anything, it could be an eviction notice, they can call and just know that they can get some support. But for me it's all about empowering them, because when you empower them and they feel empowered, then it's a whole different feel." She added, "Just to get them to trust, that's the big part. That takes the first few months...because trust is huge with people. Then once that trust is there, the fact that they actually call you for help is another big step."

In addition to their clients, case managers have earned trust from landlords. In the Springfield Pilot, the number of landlords who are willing to invest in a potentially difficult population has increased. They are more willing to give historically challenging tenants another chance to succeed. A staff person gave an example, "One in particular, nobody wanted to rent to her ever, at all, no where. It was a really bad situation. And with a promise that one case manager would stay with them for at least 12 months after she's in permanent housing, Springfield Housing Authority agreed to put her in one of their units. This is a miracle...They wouldn't have anything to do with her on her own." The case managers also have contacts with landlords outside of the immediate area. This was especially useful for a family that wanted to minimize disruption for children, by keeping them in the same school district.

- ***Temporary and Supported Housing Programs:*** Supported housing generally refers to housing that includes case management support. In the GA pilots, case management is usually connected to temporary and permanent housing arrangements. The Springfield district offers both options, with the GA pilot offering temporary supported housing. Three case managers cover both the GA pilot and the permanent supported housing program. The Springfield pilot staff place families in their four temporary apartments or help them find or maintain other "appropriate and affordable" housing. They then strongly encourage participants to graduate onto

the supported housing program, which offers them permanent housing with ongoing case management for up to three years as needed.

A Springfield staff member commented, “Some folks who have more embedded behaviors that are going to get in the way of them keeping their apartments, they need a longer period of case management service and with supported housing they get that. Some don’t need it, some need just a little bit of help. It’s tailored to the individual’s needs.” The supported housing program is seen as integral to the success of those coming out of the GA pilot program: “Hope to expand the supportive housing. If somebody comes out of the pilot and there really is no room for them, they could fail.” St. Albans plans to offer supported housing and Morrisville’s transitional apartments are on hold due to a local appeal process.

What is the projected return on these investments?

Staff discussed the return on the investments discussed in the previous section. In some cases these were actual returns, as illustrated in the success stories included in this section. In other cases, they were desired and anticipated returns such as family stability, the mitigating of hopelessness in addition to homelessness, and the opportunity to address generational poverty. Staff also discussed additional measures of success that lead into the upcoming section on tracking outcomes.

Stability and its Byproducts: According to staff, case management connected with the GA Pilot will help people stabilize their housing and consequently other aspects of their lives. An anticipated byproduct of this includes less need for repeated assistance from GA. Children will be able to engage in school instead of moving every few months and disrupting connections with teachers. They will benefit from curriculum continuity, friendships, and a sense of connection and belonging. In some cases, GA pilot program recipients are getting education and job training, and those that are parents are able to keep their children. The caseworker in Morrisville said, “I think the bottom line for me is - are these people stabile, instead of being homeless or in and out of crisis or in and out of jail.”

A community partner in St. Albans expanded on the goal of stability: “If we were able to work with them and take them from...where they weren’t certain of how they were going to maintain their housing, they weren’t certain of how they were going to put food on the table, they weren’t certain of when the electricity was going to get shut off, to ‘their rent’s paid, I have food in the cupboard, I know what my electric bill is every month, I know my account number, I know who to call if there’s a problem,’ that’s more stabile.”

According to staff, without a case management model in place, and under traditional GA rules, many people are denied or they are given insufficient funds to be able to move forward with their lives (typical monthly payment is \$198 toward housing and \$56 for personal expenses). People may remain in continuous instability with frequent crises. Children grow up in chaotic circumstances, moving frequently and are unable to settle into a school or friendship network. In particularly volatile family situations, exacerbated by turmoil in housing arrangements, children may be taken into custody by the state. There is a consequent waste of human potential and a

thwarting of the ability to learn, thrive, and progress. The costs are shifted to incarceration costs, emergency room stays, drug treatment, drug crimes, and the like.

In addition to school stability for children and a source of income for adults, whether from working a job or social security benefits, St. Albans staff articulated their expected outcomes for the GA Pilot:

“Individually...it would look like a family we have worked with has been able to move into permanent housing or maintain permanent housing and their situation has stabilized. They’re paying their rent on a monthly basis when it’s due. The other piece I didn’t talk about with the program is, how to be a good tenant is a problem. There are times when people get evicted because they haven’t followed the rules on the lease, or they’ve been loud. There’s too many complaints from other tenants. So that’s another piece - we see a reduction in that or it doesn’t happen anymore. From a program or systemic [point of view], an outcome would be that they wouldn’t be coming in here and reapplying for housing benefits for 12 months, that they’re able to maintain their housing.”

Success Stories: Morrisville staff shared a success story from their GA pilot, of a woman that had been on and off traditional GA assistance since 1983. She had been in and out of hospitals with severe mental health and substance abuse issues. She also had frequent legal issues. Since case management began in February 2007, “she is stable, she’s reduced the number of services she’s using, she has stable housing, stable income, she’s off GA, she has SSI now, her health issues have reduced significantly, she has not had any...emotional breakdowns in months, she looks great, she’s lost weight.” She went from being homeless to a transitional apartment to her own apartment, having been able to get Section 8 in a timely manner. According to staff, there was a “reduction of funds that were funneled to her on a regular basis.” The eligibility staff echoed, “It’s a real success story.”

The Springfield Pilot staff shared several successful outcomes already achieved:

“There haven’t been as many crises and emergencies coming up...or they’ve learned to manage it better.” -Springfield Pilot Staff

“We haven’t had anybody lose their permanent housing yet, because they earned it...It’s their money in there.” -Springfield Pilot Staff

“Other than by choice, we don’t have people who are failures in the program....We’ve had a couple who decided they didn’t want to and changed their minds and came back!....You can come back as long as you are just willing to comply by that contractual agreement. So it’s not like GA – you’re denied, you’re denied and that’s it.” -Springfield Pilot Staff

“One was a DV situation for her and her daughter, and it was shelter to shelter. Now she’s in permanent housing. She had worked in her past, but had a lot of emotional and psychological issues from recent trauma. Now she’s at a work site, still working on the mental health issues, but sticking with it.” -Springfield Pilot Staff

“Some of them call...and they’ll say thank you. I’ve gotten a few notes from people, they send me a letter, saying... ‘thank you very much for your help, I appreciate it, life’s better for me now’, things that really make you feel good. You get feedback from the case manager, he’ll write to us and say, ‘this was a success, this worked, they’re in housing now, things are going great.’ Reach up case managers – we hear from them: ‘They’ve got a job or they’re volunteering now...she wants to get an education, get a career, better herself.’ It’s all different things that you hear. And you hear from other districts too, because sometimes they’ll move away after we’ve got them started.” – Springfield Eligibility Worker

Addressing Generational Poverty: A Springfield staff member who had grown up in the community reflected, “It’s not a guarantee, but I think when they start to feel like their efforts are paying off and they see that we’re willing to work with them and don’t expect the world from them...I think they feel that, ‘wow, these people really want to help me, I’ve got a chance to do something here.’” He also spoke to the realities of addressing a multi-generational pattern of homelessness: “Granted you can’t change the world over night and it’s going to take a while for this area because there have been families that have been generational, that have been on the system and they still are. Grandma was on, mom was on, the kids are on. Kids are having kids, you got 18 and 19 year old girls coming in here with kids... You have to look at every situation individually.” The St. Albans community partner echoed a similar thought: “It still takes a long time, particularly if you’re talking about generational poverty. There’s a lot of relearning individuals have to do to become more independent.” He added, “If anybody ever actually thinks that they can end homelessness in a set defined period of time, then I wish them all the best. It’s just not the reality that I see because you’re talking about far too many factors and many of them outside of our control.”

Mitigating Hopelessness in Addition to Homelessness: Staff in St. Albans discussed other expected outcomes of their efforts. “We’re not trying to prevent hopelessness, but I think that as a by product of helping people stabilize their housing, if we can help people feel...more empowered, if we can give folks a little bit of space, and give them back the capacity to make their own decisions in life and focus their life in their own direction, rather than feeling that that power has been taken away from them by homelessness, by the perceived cold emotionless face of social services...then we’re going to be doing good work.”

The St. Albans staff discussed the key role of case management in making this possible. “And again that goes to doing case management, it goes to sitting down with somebody listening to them, talking with them, making certain they understand that they are an equal partner in this which means that we’re both going to be working hard, and we need to know what they can do, take a deep breath and think about it, don’t just say I can’t do anything, because when you live with hopelessness for a while, it becomes what you expect of yourself.” Another commented, “For me this is really about hope, ultimately, and about relationship and about mutual respect and about communication with one another.” One person shared recent feedback from a client that illustrated this equal partnership: “I can’t tell you how much it means to me to just have you listen, to offer some ideas, and to say that it isn’t hopeless, that we can do something. It isn’t going to get fixed today but here are some things that we can do together to maybe move this forward.”

Measures of Success: Pilot staff suggested several measures of success for the programs. Some of these will be further discussed in the next section on tracking outcomes and cost offsets:

1) That clients establish a medical home (such as Medicaid), giving them access to needed health care, and they take active steps toward caring for their health. 2) That clients improve their psychosocial functioning or situation. Perhaps they are comfortable enough to seek counseling. 3) That clients establish an income outside of GA, and are increasing their employability by further training in education. If they qualify for SSI or SSDI – that ultimately they’re working to become a taxpayer again through part time or full time work. 4) That clients are only short term users of GA funding and there is decreased need for emergency assistance. Clients move off GA assistance to SSI or continue from transitional to supported housing and eventually to permanent housing without support. 5) That clients are coming out of isolation and building healthy connections with community, neighbors, and family members. 6) That clients are moving toward stability as they define it, according their goals. 7) How much money from GA funding was spent and saved on each case.

Recommendations for tracking outcomes and cost offsets

The interviews sought to identify data that will be analyzed in phases 2 and 3 of this evaluation study. These include data already tracked by the pilot sites as well as information that might be useful in determining outcomes and cost offsets (avoided costs of homelessness). These recommendations will be discussed in the following sections on cost offsets, cost neutrality, and program outcomes.

Data on Cost Offsets: A few measures of avoided costs of homelessness include patterns of medical system usage and their costs as well as patterns of corrections system usage and costs, plus child custody costs. Staff suggested a few sources for gathering medical data: General data is available from a Medicaid data base, at OVHA, going back at least one year prior to the start of the pilot. This would include number of emergency room visits. This data source would likely not be able to separate out the GA participants. It will also not include participants without insurance. Another source of medical data might come through vocational rehabilitation staff who work with GA clients to determine eligibility for SSI. They are authorized, with a medical release, to view medical records. They may be able to summarize patterns of emergency room usage, for example, among GA participants (without identifiers) and submit these to the researchers. For example, they might report the number of GA participants that reduced ER use from prior to after participation in the pilot. They also might report an increase of medical service usage after case management, because clients are seeking needed medical care and treatment. All medical data would be provided to the researchers without identifiers. The purpose is just to look at overall patterns of pilot participants, wherever it is possible to separate that subpopulation from the total people served.

Staff suggested that incarceration terms and costs, including applications for traditional GA funding, could be gathered through the DOC data base, going back several years before the pilot intervention. This could then be compared to data after the intervention. Staff suggested that the subgroup of pilot participants could be tracked in this way. Any data gathered, again, would be given to researchers without identifiers. The cost to the state of housing in prison could be computed and compared to other housing options. Case records could also lead to information on

child custody terms and costs for GA pilot participants. For instance, if child custody was avoided, cost savings would be calculated.

Data on Cost Neutrality: Staff are making projections of hotel costs saved through participation in the pilot program. They are tracking how much was spent and saved on a client in the GA pilot program and whether the client needed money toward a security deposit. Client contributions toward rent and savings toward security deposits are in some cases recorded by partnering agencies. For example, in Springfield, the Family Center rents the transitional apartments. They are the official tenant to the landlord and the program's case manager then places pilot participants in the apartments and monitors their compliance with the contractual agreement for expected tenant behavior.

Patterns of GA spending and usage by clients will be a primary focus of the calculation of cost neutrality. Staff in Morrisville believed they could track a client as far back to 1983 and look at how many times this person applied for GA and EA. One pilot indicated they would be tracking whether clients came in for housing needs in the next three years. They also intend to track client financial status – “if they're receiving programs from us, what happened to their earnings.” In addition, tracking how many GA pilot participants are getting onto and going off SSI and SSDI will be an important part of the cost neutrality equation.

In calculating cost savings, it is useful to know that a year of GA assistance, including \$198 per month for rent and \$56 for personal needs comes to just over \$3000 per year in cash plus the cost of Vermont's medical insurance. In addition, GA recipients get food stamps and in some cases are eligible for emergency assistance. On the other hand, a year of SSI comes to \$8100 (\$675 per month), and participants are eligible for Medicaid, which is federally funded. They may also get food stamps depending on housing costs. However, SSI recipients may be able to work and give back. They can become a participating part of society. In addition, VR has work incentive programs for people who are on SSI. Benefits counselors work with people around SSI benefits and wages. According to the staff, a lot of people work their way off SSI benefits. Showing people going off these benefits might be an indicator that the GA pilot saves money over the long term. Data on VR's Ticket to Work program may be useful for tracking who goes off SSI or SSDI. Staff suggested who to contact for this information.

Data on Outcomes: A number of outcomes are being tracked by some sites. Some sites shared their tracking sheets. These include whether a client continued from transitional to supported housing and then to permanent housing without support. Would they have been eligible under traditional GA rules? In addition, case files that document a range of information on client history, such as number of children, and housing issues will be very useful toward assessing the qualitative effects of the pilot program on the lives of clients. An eligibility staff member indicated that they could pull together a history of a client's use of GA and cost to the system. Cases that would bear scrutiny, including some that turned out well and some that did not, will be useful to the evaluation research. The cases should include those that were frequent users of GA assistance prior to the pilot and others that would have been likely to become chronic users of GA assistance. Ideally the histories will give a perspective on at least a year before the pilot and a year or two into the pilot.

Another important aspect of client outcome data will include client perspectives on the pilot interventions and their effects. In addition, issues of education and employment, answering questions such as ‘How many are thinking of going into post secondary education? How many actually do? How many who worked part time, became full time? How many that were not employed, became employed? How many people are actually accessing other partnering agencies? Staff are also interesting in noting other “good things happening in the clients’ lives.”

Lastly, economic changes are ongoing variables that may impact the risk of homelessness. Awareness of these will be useful to placing GA pilot outcomes in a broader context. As one researcher reflected, “One of the traps that this kind of policy research falls into is that the world moves on, Vermont moves on, the set of conditions in the community moves on. When a community loses 250 jobs, there are multiple spinoffs.” When the legislature looks at outcomes, the fluctuations in the economic environment need to be kept in perspective.

Cautions to Consider

With the promising initial outcomes of the pilots and their potential for powerfully addressing homelessness and its relevant issues, balancing flexibility with caution seems important, especially when considering expansion. The continuum from support to self-sufficiency comes with risks as well as responsibilities. Just as prison could be seen as one end of a continuum with freely chosen housing on the other end, supported housing requires responsible and trustworthy case managers who maintain appropriate boundaries with clients. For example, some male case managers have found that they are seen as positive role models by women who have been victims of domestic violence. As one case manager put it:

“It’s essential that you have the right people doing the work....To be doing this job, you need to be pretty solid yourself, have clear boundaries, have some clinical skills, either that you garnered through education or on the job, and you need to be trained by somebody who can walk you through how the job works and how we interact with people - how it’s positive but it’s clear and it’s consistent.”

...They’re not trying to save the world...susceptible to every con artist that rolls through. They’re compassionate, kind, but firm. There’s people out there but you have to pay them because it’s tricky work, with pretty needy people that are in constant crisis. It’s crisis intervention work. When it’s hot, it’s hot. As [we] say, ‘all hands on deck’ when it’s time. You got to ring the bell and you got to come in calm, cool, collected and know what you’re doing and not get into counter transference. Your own issues can’t be spilling out with people.”

In addition, supported housing may not work for everyone. The case manager reflected on his years of experience in shelters and supported housing: “I think there are people who aren’t able to be in a program like our supported housing program. They just can’t do it. One obvious issue is that some people just don’t have enough money to get into housing. If you’re a single mom with one kid and you’re getting \$580 a month from the welfare dept - if you’re not in subsidized housing, you’re really not in housing.”

Ongoing Challenges and Suggestions

The interviews identified some ongoing challenges and barriers to implementation that staff believe need to be acknowledged and addressed. Some point to service gaps, and others to pervasive social problems. Staff also had suggestions for addressing some of these issues, such as increasing service and staff capacity.

Service Gaps: These include pockets of populations “that don’t qualify for adult developmental services or CRT, that have an IQ of 74 or 75, and need “a case manager that can help walk them through life.” In addition, when children of families who have been receiving services turn 18, there is a “huge gap.” One case manager pointed out that “The children have received the services but the adult issues were not addressed. We find those between around 30 years old to 45...those people that have hit the wall and they sometimes come in for GA after a while.” Where do the costs of shutting off services that have been available throughout the years of raising a child, where do these costs re-emerge? Others discussed the future of people who reach the five year limit on Reach Up services.

A major barrier to helping GA pilot participants graduate into permanent housing is the current wait list for Section 8 housing. As one staff member in Springfield put it, “A lot of these people were DV vouchers....That’s going to kill us. If we can’t get vouchers for those people, they can’t afford housing.” Transportation is a barrier for many people to get to work and to access services. This includes rising gas costs. Another issue is an inadequate child care subsidy, which one staff member indicated was not enough to cover child care. “Unless they get a good paying job, they’re worse off with a low paying job.”

Challenging Social Problems: Several staff mentioned the substance abuse and mental health issues that call out for more services and better solutions. A Springfield staff member identified “a lot of” substance abuse and domestic violence problems in that district. In addition, he added “the economy is not that good in this area. A lot of the jobs are minimum wage. It’s tough to get a decent paying job.” A Morrisville staff member explained that substance abuse is a barrier to shifting people from GA pilot assistance to SSI. “People with an active substance abuse problem are automatically denied SSI benefits unless they have a psychiatric illness like schizophrenia and you can prove which came first, or unless we can document that someone has been engaged in substance abuse treatment for four months and they’re basically clean. Then we would start the application.” This staff member, who screens GA participants for SSI eligibility, said she “screens out about 40% of the people that are referred due to active substance abuse problems.”

Saying, “Substance abuse is huge in this GA pilot,” the staff member described a client with disabilities, cognitive impairment, and addiction problems. He died of an overdose. GA funds will pay the funeral home for basic burial expenses. A related issue is that “People with chronic pain issues become addicted to narcotics that were prescribed and then they’re buying off the street if they lost their insurance. Some of the folks that are chronic GA users were once parents who were TANF recipients who’ve lost their children because of untreated drug issues or poor parenting. A lot of the folks that I screened out because of substance abuse issues had extreme difficulties in school, had extremely tough childhoods, a lot of trauma in their backgrounds.”

Increasing Service and Staff Capacity: To address the substance abuse and mental health needs, one staff member emphasized increasing capacity both in the agency and in the community. She implored, “We have got to increase capacity of either our local mental health centers or our private practitioners or we’re never going to even get over the tip of the iceberg with all the problems that are out there. There are such limited services, we need to eliminate the waiting list for services, for assessment, for ongoing therapy, for substance abuse. I mean, there was one person who was ready to actually go into a screening and we had to wait three weeks for the screening, so guess what happened. In my mind, that was really sad.” This staff member also added, “I think the biggest thing that could help the GA population is to have the embedded SSI assistant. I think the need would be there to have them housed at every office or one per two districts - a person that’s dedicated like Corrections and Reach up. We could diminish the GA numbers quickly.”

This staff member had several other suggestions, including improved forms for medical providers to fill out regarding GA recipients’ ability to work, training staff in how to reach out to medical providers as partners, and implementing a consultation model for medical or psychological issues. To improve forms, the current questions (i.e. can this person work? – yes or no, and if no, for how long?) could also include a place for adding if the person could do some kind of work and what it would look like - for example, work involving limited standing or sitting. Training staff in how to reach out to medical providers might include having “a conduit where an eligibility worker could pick up the phone and say, ‘Is this person participating in treatment with you, fulfilling the requirements of their treatment plan? Or what other services would you recommend that I refer this person to?’ According to the staff member, “A lot of times, the PCP has been referring and the person is not following through, so they’re happy to have some help.”

A consultation model would intend to provide support to GA eligibility staff, who have large caseloads of 300 - 400 people, to help address these client issues and increase the potential for the client to go back to work or qualify for SSI. An expansion of this idea would implement “a GA community team...we could staff difficult cases, get some medical consultation, we could involve VR, ES, Community Action, Field Services, Mental Health...maybe someone from the faith based community, and the service coordinator.” The staff member concluded, “Chronic GA users is a community problem, this is coming out of taxpayers pockets.” This person saw staff capacity as a major issue that needs to be addressed. “ES folks are overwhelmed. The service coordination piece is only part time and our SSI person can’t do any more.” In her mind, implementing a local team would help: “a local GA team to take time to sit and plan, and roll up sleeves and do the work monthly or quarterly.” She continued to describe how a team might look at a set of GA clients and say:

“We have 10 new GA clients. Are we seeing any trends? How can we get client A off GA as quickly as possible? What’s going to make the most sense? Why is client A on GA?...Why Client B?... Identify up front who we think might turn into a chronic user and who may not. We could position our resources in a lot of ways. Who’s in danger of homelessness? Who has pretty severe mental health needs that aren’t treated?...Instead of that poor GA worker sitting there with 400 cases going, ‘I think this guy is really depressed too, the doctor even

mentions it, but he's not in treatment for it,' - I mean that's about as far as it can go because there's no capacity there to bump that along further."

Others discussed the need for increased capacity to address homelessness with case management (service coordination) and some form of temporary housing. One person presented an idea for future development: "My hope is that in time, we'll be able to significantly automate and streamline our eligibility process – that now takes very, very skilled benefit specialist... that we'll be able to retrain those staff from doing benefits determination to doing service coordination....It comes down to, it's so relationship dependent, it's not a form." A community partner in St. Albans lamented the fact that "shelters are full" and there are "waiting lists for the homeless to be sheltered." He said, "It's appalling. It's interesting because I reflect on my own visceral reaction to knowing that there are individuals that are on a waiting list for temporary shelter." Lastly, the Springfield district's homeless count was 144. So far they have recorded service to 42 people. They only have four transitional apartments to offer at a time. Outreach to landlords willing to work with this population is a continuous part of the effort. The need for the kind of service that the GA pilots offer is great and could likely be expanded with adequate resources and personnel.

CONCLUSION

The GA pilots have demonstrated successes in their first year that indicate promise for the mitigation of homelessness and poverty. Site staff have shown that they can balance cost neutrality with program effectiveness by making exceptions to rules when warranted and involving clients in a reciprocal relationship where they actively contribute as partners in the programs. The pilots' flexibility to address needs with long term solutions in mind, such as replacing costly hotel stays with transitional and permanent supported housing opportunities, have already garnered results. The investment in collaborative problem solving that involves case management to increase client capacity also accesses needed health services and disability benefits as well as temporary and supportive housing when appropriate. Staff believe in the return on these investments and have already seen promising outcomes among clientele, some quite remarkable. Recommendations for tracking costs, with both cost neutrality and cost offsets in mind, as well as outcomes, provide guidance for the next stage of the evaluation study. Ongoing social problems, service gaps, and capacity limitations show the need for further solution finding in the area of homelessness and its contributing issues.

APPENDIX A
General Assistance Fund (GA) Pilot Project Evaluation
Interview Questionnaire - Phase 1

PART A: PILOT COMPONENTS

- 1) What are the key components of this/each GA pilot and how are they similar and different from traditional GA supports?
- 2) What, if any, eligibility changes, and what, if any, services changes were made in the pilot(s)?
- 3) Does the program serve everyone who asks? How is the decision to serve made?
- 4) Is there any intentional pattern (either with regard to eligibility or with regard to alternative services) of people served vs. not served or people furnished traditional services vs. alternative services?
- 5) What GA exceptions, if any, are used to deliver the pilot?

PART B: GUIDING FRAMEWORKS

- 1) What is this/each Pilot's definition of success? What impacts are expected for families, for programs and for the department?
- 2) How will success be measured? How will impacts for families, programs and for the department be measured?
- 3) What values and beliefs about effective approaches to homelessness underlie the GA Pilot's plan for influencing positive outcomes among its participants?
- 4) How are the values and beliefs reflected in different program procedures or different treatment of clients?
- 5) How does this/each pilot's definition of success align with legislation?

PART C: OUTCOMES

- 1) What outcomes were reported for people who were homeless? (ex: income, employment, keeping children in school, access to services, finding "stable" housing)
- 2) What outcomes do you believe ought to be reported for people who were homeless?
- 3) How do you perceive differences between GA pilot(s) and traditional approaches at improving these outcomes?

PART D: EXTERNAL COLLABORATION

- 1) What factors external to AHS do you perceive as necessary for the pilot(s) to be successful? (Among these factors is a variety of community supports that are expected to enhance positive outcomes for people in the GA pilot(s), such as emergency shelters and other community-based programs).
- 2) What changes do you recommend to enhance collaboration with these community supports?
- 3) How do you expect these recommended changes to make a difference?

PART E: RECOMMENDATIONS

- 1) What barriers to implementation and positive outcomes still exist, if any?
- 2) What recommendations, if any, should be made to the legislature for changes to the general assistance program and for plans for further implementation of the pilots?

PART F: COST NEUTRALITY & COST OFFSETS

- 1) How do you (as stakeholder) interpret the legislative intent of cost neutrality? How do you (as GA pilot staff member) conceptualize the pilot requirement of cost neutrality in relationship to the legislative intent?
- 2) Using the concepts of cost neutrality, which are acknowledged by stakeholders and GA pilot staff as operant with respect to the legislative intent, did this/each of the pilots operate within limits of GA funding?
- 3) What are your perceptions about cost offsets (also known as “avoided costs of homelessness”) as a result of the program? (such as costs of hospital stays, emergency room transport and services, incarceration costs, juvenile services, psychiatric care, substance abuse services, educational support service budgets).
- 4) What recommendations do you have that would guide future data collection on cost offsets?